



BOARD OF SOCIAL WORK EXAMINERS
AND PROFESSIONAL COUNSELORS

PO BOX 200513
HELENA MT 59620
406-841-2369

LIC.#: _____

DATE: _____

STATUS: _____

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

Email Address (if any): _____

Your Clinical Professional Counselor license expires on December 31.

TO RENEW ONLINE GO TO: <https://app.mt.gov/renewal>

1. The renewal fee is \$100.00 (No cash please)
2. Continuing education (CE): 20 Clock hours per year for renewal. You are to keep proof of you CE hours to submit if you are audited. Keep the name of the program, program number, hours attended, and carryover hours (up to 20.0 hrs.) The Board office will not keep a record of the program you have attended.
3. Please make any name or address changes below, if different from above.
New Address: _____

4. You have the option of placing your license on "Inactive Status" in accordance with 24.219.609, ARM. If you check "Inactive Status" no fee is required at this time and no license will be mailed until you reactivate your license. If you wish to renew "Inactive", please initial here: _____.

LEGISLATION PASSED IN THE 2005 SESSION PROVIDES THAT A LICENSEE HAS 45 DAYS TO RENEW HIS/HER LICENSE AFTER THE DEADLINE BY PAYING BOTH THE RENEWAL FEE AND THE LATE FEE. ANYONE RENEWING 46 DAYS OR MORE AFTER THE DEADLINE MAY HAVE A COMPLAINT FILE OPENED AND THE POSSIBILITY OF UNLICENSED PRACTICE WILL BE ADDRESSED BY THE BOARD THROUGH THEIR DISCIPLINARY PROCESS.

Yes___ No___ Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your Signature: _____ Date: _____